

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-007882

Registration District No. **318**

Primary Registration District **1003**

Registrar's No. **2576**

STATE FILE NUMBER

AMENDED

FILED MAR 15 1962

1. PLACE OF DEATH a. COUNTY ST LOUIS MISSOURI				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3045 Dickson		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Clanton Last				4. DATE OF DEATH Month 3 Day 5 Year 62				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/ 5/ 92	9. AGE (last birthday) 69 yrs		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY foundry worker		11. BIRTHPLACE (City and state or country) Alabama		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME LEE CLANTON			13b. MOTHER'S MAIDEN NAME Callie Mayhue			14. NAME OF HUSBAND OR WIFE Katie CLANTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT KATIE CLANTON. 3045.A Dickson ST			
18. CAUSE OF DEATH (Enter only one cause per line for (a)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Possible Fulmonary Infarction, Massive							INTERVAL BETWEEN ONSET AND DEATH Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 465x								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 2-19-62 to 3-5-62 and last saw him alive on 3-5-62		Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Merle B. Heintz (Degree or title)				22b. ADDRESS 2601 N. Whittier Street			22c. DATE SIGNED 3-5-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) inter	23b. DATE 3/10/ 62	23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) \$500 Brown RD. Berkley MO		23e. (State)		
24. FUNERAL DIRECTOR PORTER FUNERAL HOME. 3028 Dickson ST				25. DATE RECD. BY LOCAL REG. MAR 6 1962		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.		

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.